



HBC 50-07
ORIG, 09/07, REV. 09/07

PLAN APPLICATION FORM
ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT OF PUBLIC PROTECTION
OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405



BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces Please type or print Today's Date: _____

NAME OF PERSON SUBMITTING PLANS _____		PHONE () _____ - _____		IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS? (circle one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
BUSINESS & PROJECT NAME: _____ (Or tenant name if multi-tenant building)					
PROJECT LOCATION: _____ NO./ STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes) CITY ZIP CODE COUNTY					
OWNER (INDIVIDUAL & COMPANY): _____ PHONE () _____ - _____					
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
ARCHITECT (NAME & FIRM) _____ PHONE () _____ - _____ AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Sect. 122 of the 2002 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of Section. 1621 (ARCHITECTURAL, MECHANICAL & ELECTRICAL COMPONENT SEISMIC DESIGN REQUIREMENTS) and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction.					
ENGINEER (NAME & FIRM) _____ PHONE () _____ - _____					
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
PROJECT CONTRACTOR: _____ PHONE () _____ - _____					
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
BUILDING INFORMATION					
NUMBER OF BUILDINGS IN THIS SUBMITTAL: _____ USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other (please specify) _____					
BUILDING(S) IN THIS PROJECT IS / ARE: <input type="checkbox"/> NEW FREESTANDING BUILDING <input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE <input type="checkbox"/> RENOVATION ONLY <input type="checkbox"/> RENOVATION & ADDITION					
TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT ² NUMBER OF LEVELS (INCLUDING BASEMENT) _____ BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO					
TOTAL AREA IN EXISTING BLDG.: _____ FT ² DATE CONSTRUCTION TO BEGIN: _____ ESTIMATED COMPLETION DATE: _____					
TYPE OF PLAN SUBMITTALS					
BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)			SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		
<u>BUILDING PLAN REVIEW (BCE)</u> Full Building Review <input type="checkbox"/> Expedited Site & Foundation Review <input type="checkbox"/> Expedited Tenant Fit-up Review <input type="checkbox"/> Partial Evaluation (please specify) <input type="checkbox"/> _____		<u>PLUMBING PLAN REVIEW</u> Plumbing Review <i>ONLY</i> <input type="checkbox"/> Water Supply Review <input type="checkbox"/> Waste Water Review <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____		Suppression System <input type="checkbox"/> (Sprinkler, CO ² , Etc.) Alarm Systems <input type="checkbox"/> Boiler System <input type="checkbox"/> Bleacher Seating <input type="checkbox"/> Range Hood System <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Elevator <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Prefabricated Truss <input type="checkbox"/> _____	
SUBMIT ONLY ONE SET FOR BCE		SEE BACK OF THIS FORM FOR PLUMBING PLAN SET REQUIREMENTS		SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE	
THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)					
<u>DESIGN CAPACITY OF BUILDING:</u> NO. OF MALES _____ NO. OF FEMALES _____ ARE RESTROOMS ACCESSIBLE TO PUBLIC ? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<u>SEWAGE DISPOSAL:</u> <u>TYPE:</u> <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE ARE RESTROOMS ACCESSIBLE TO DISABLED ? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<u>WATER SUPPLY:</u> <input type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> STREAM IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____ _____					
BY WHOM: _____ NAME TITLE REGISTRATION NUMBER					
THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)			THIS AREA FOR OFFICE USE ONLY		
REVIEWED BY: _____ NAME _____ TITLE DATE: _____ APPROVED BY: COUNTY OR DISTRICT HEALTH _____ DEPARTMENT:					



FOR YOUR INFORMATION ONLY

1.	A Plan Submission Application Guide (PSAG) describing the plan submission procedures is available upon request. Copies may be obtained by calling or writing to the Office of Housing, Buildings and Construction, Division of Building Code Enforcement or the Division of Plumbing. Our telephone numbers are: Building Codes 502/573-0373 or Plumbing 502/573-0397. Local Boards of Health should also be aware of these procedures.
2.	KRS Chapters 322 & 323 should be consulted to determine the requirements for a Registered Design Professional such as an Architect and / or Engineer
3.	PLUMBING: Plumbing installations shall be made in conformance with the State Plumbing Code. The plumbing systems shall be shown in plan view and elevation view (Riser Diagram). These plans shall indicate the location of all fixtures, water distribution system and soil, waste & vent pipe systems. The size and material of all soil, waste & vent piping shall be clearly stated on the plans.
4.	Check the regulations that may be applicable to the building type, such as: Kentucky Food Services Regulation, Kentucky Youth Camp Regulation, Kentucky Retail Food Market Regulation, etc..

???? HOW MANY SETS OF PLANS TO SUBMIT ????

I.	NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED: Of the number of plan sets required, at least one shall be a complete set of construction documents and the remaining sets may consist of plumbing plans only. Note: When submitting plans for specialized systems such as fire alarm or fire sprinkler systems, only one (1) set of plans are required. Any plan submittal that does not involve plumbing should only have one (1) plan for the Division of Building Code Enforcement.
	NOTE: A plan set consists of 1 plan and 1 plan application form.
	NOTE: When copying this form it is not necessary to copy this side.
	INDICATE NO. OF PLAN SETS REQUIRED.
1)	Counties or Cities not listed below – One (1) complete plan set and three (3) plumbing plan sets for a total of four (4)plan sets _____
2)	If located within Louisville-Jefferson County Metro – One (1) complete plan set and five(5) plumbing plan sets for a total of six (6) plan sets ----- _____
NOTE:	ALWAYS CHECK TO SEE IF ARCHITECTURAL REVIEW IS REQUIRED IN FRANKFORT BY THE DIVISION OF BUILDING CODE ENFORCEMENT
	TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED ----- _____

II. **ADDITIONAL PLAN SETS REQUIRED:**

1)	Project has a swimming pool - add one (1) plumbing plan set----- _____
2)	Project has a private water supply - add one (1) plumbing plan set----- _____
3)	Project has a private sewage disposal system with treated effluent - add one(1) plumbing plan set----- _____
	TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED ----- _____

SPECIAL PERMITS ARE REQUIRED FOR WATER SUPPLY AND WASTE WATER DISCHARGE PROJECTS

Applications and fees are required to be submitted to the Office of Housing, Buildings and Construction or the Division of Water of the Environmental Public Protection Cabinet for the following facilities:

1.	<u>WASTE WATER DISCHARGE PROJECTS</u>
a.	Private packaged treatment plant with surface discharge.
b.	Sanitary sewer extension that includes a manhole or lift station.
c.	Extension or addition to a sanitary sewer district with no building structures involved.
d.	Individual pre-treatment facilities.
2.	<u>WATER SUPPLY PROJECTS</u>
a.	Private water supply to individual structure (Excluding Single Family Dwellings).
b.	Addition to city or county water districts.
c.	Water supply treatment plants

TO OBTAIN SPECIAL APPLICATION FORMS AND TO DETERMINE IF A FEE IS REQUIRED, CONTACT THE ENVIRONMENTAL PUBLIC PROTECTION CABINET/ DIVISION OF WATER IN FRANKFORT @ 502/564-3410

If this project involves a plumbing system or plan related to a structure (building) approval, submit one(1) complete plan set and four(4) plumbing plan sets to the following: NOTE: One of the plumbing plan sets will be forwarded to the Division of Water.

OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
502/573-0397

If this project **does not** involve a plumbing system or a structure (building) approval, submit four (4) plumbing plan sets and appropriate fee to:

DIVISION OF WATER
18 REILLY ROAD, FRANKFORT OFFICE PARK
FRANKFORT, KENTUCKY 40601
502/564-3410